



IDAHO TALKING BOOK SERVICE
325 West State St. Boise, ID 83702-6072
(208) 334-2150 Toll Free: 1-800-458-3271
FAX: (208) 334-4016

e-mail: talkingbooks@libraries.idaho.gov
website: <http://libraries.idaho.gov/tbs/>



Application for FREE Library Service

Application information is confidential and
will be used only in relation to your library service.

Please Print or Type

Name _____ Telephone _____

c/o _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

E-Mail _____

Birthdate ____ / ____ / ____ Female _____ Male _____ Veteran: Yes ____ No ____

Please tell us who to contact if you cannot be reached:

Name _____ Relationship _____

Address _____ Telephone _____

City _____ State _____ Zip _____

E-mail _____

Place the application in an envelope. Do not seal; tuck in the flap.
Write "Free Matter for the Blind or Handicapped" in place of a postage stamp.

You will be contacted before service begins.

Please indicate the primary disability preventing you from reading standard printed material. Check only one.

Please have a librarian, doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, nurse practitioner, therapist, professional staff of a hospital, institution, or social welfare agency certify your eligibility.

_____ **Legally Blind** - persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

_____ **Visually Handicapped** - persons who need aids other than regular glasses for reading standard printed materials.

_____ **Physically Handicapped** - persons unable to turn pages or comfortably hold a book for extended periods of time.

This Disability must be certified by a Medical Doctor or a Doctor of Osteopathy

_____ **Reading Disabled** - Persons having a reading disability resulting from an organic dysfunction preventing the reading of printed matter. If you have any questions regarding this category, please call for more information.

To Be Completed By Certifying Authority

Please print or type

Name of Certifying Authority

Title and Occupation

Street

City

State

Zip Code

Phone Number

E-Mail

I certify that the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated above.

Signature of Certifying Authority

Date

How did you hear about our service? _____

Books and Equipment

The recorded books provided will not play on commercial equipment. Equipment is available on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress, it must be returned.

You may receive any or all of the following, please check as many items below as you would like to use:

_____ **Cassette Book machine and recorded cassette books/magazines**

_____ **Descriptive videos (VHS)**



_____ **Descriptive discs (DVD)**



_____ **Braille materials**

_____ **Newsline (Toll free telephone access to current newspapers)**

Service Type

_____ **TURN AROUND SERVICE** - I wish to receive a replacement for each book I return.

_____ **REQUEST ONLY SERVICE** - I wish to request from the Library's catalogues.

_____ **ON DEMAND SERVICE** - I will contact the library when I wish to receive books.

Books can be ordered online @: <http://www.klas.com/idbph>

Call in Boise area 208-334-2150 or 1-800-458-3271 for the login and password

I agree to abide by the loan policies of the Idaho Talking Book Service.

Patron Signature _____ **Date** _____

The Idaho Commission for the Blind and Visually Impaired provides FREE services to blind and visually impaired residents of the state. Would you like a representative of the commission to contact you to explain their services?

☐ **Yes**

☐ **No**

Reading Preferences

Listening/Reading Comprehension Level (Circle one):

K-3

4-6

Junior High / High School

Adult

Interests

FICTION

- ☐ Adventure
☐ Animal Stories
☐ Bestsellers
☐ Classics
☐ Family (single, multi generation)
☐ Fantasy
☐ Gothic
☐ Historical (time period _____)
☐ Historical Romance
☐ Holiday
☐ Mysteries
☐ Mysteries (with a detective)
☐ Northwest & Idaho
☐ Occult and Horror
☐ Pioneer
☐ Religious Fiction
☐ Romance
☐ Science Fiction
☐ Sea Stories
☐ Spy Stories
☐ Suspense
☐ War Stories (era _____)
☐ Westerns

NON FICTION

- ☐ Astronomy & Aviation
☐ Bestsellers
☐ Bible
☐ Biography & Autobiography
☐ Business & Career
☐ Cooking & Housekeeping
☐ Contemporary Issues and Politics
☐ History (time period & countries _____)
☐ Humor
☐ Inspirational
☐ Movies, Radio and Television
☐ Native American Interest
☐ Northwest & Idaho
☐ Poetry
☐ Psychology & Sociology
☐ Religion (Denomination optional _____)
☐ Science (area _____)
☐ Sports (sport _____)
☐ Travel
☐ War (era _____)

Other subjects, authors, or series I enjoy _____

Do not send books containing:

Violence ____ Sex ____ Strong Language ____ Foreign Accents ____

For official use only

Catalogues ☐Y ☐N

E-1__CBM__OTHER__CB__TBT__DVS__VCT__MAG__RFB__BIB__LDS__ICB__

New Patron Letters

Phone # Sticker

COMMENTS:

Number of books to start _____
January 2008